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| PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875                                                                                                                                                                                                                                                                                                                            |                                                                 |           |                                      |               |                                             |                  |       |                    |                        | Application or Docket Number |                            |                                                  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|-----------|--------------------------------------|---------------|---------------------------------------------|------------------|-------|--------------------|------------------------|------------------------------|----------------------------|--------------------------------------------------|--|
| VIIBIE 740                                                                                                                                                                                                                                                                                                                                                                                         |                                                                 |           |                                      |               |                                             |                  |       |                    |                        |                              |                            |                                                  |  |
| _                                                                                                                                                                                                                                                                                                                                                                                                  | <u>'</u>                                                        | Cl        | AIMS AS<br>(Co                       | S FILED       | (Column 2)                                  | _                | SMALL | ENTITY             | OR                     | OTHER THAN<br>SMALL ENTITY   |                            |                                                  |  |
| L                                                                                                                                                                                                                                                                                                                                                                                                  | FOR                                                             |           | NUME                                 | BER FILED NUM |                                             | MBER EXTRA       |       | RATE               | FEE                    |                              | RATE                       | FEE                                              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                    | SIC FEE<br>CFR 1.16(a))                                         | 1         | į                                    | 18            |                                             |                  | 1     |                    | s                      | OR                           |                            | s                                                |  |
|                                                                                                                                                                                                                                                                                                                                                                                                    | TAL CLAIMS<br>CFR 1.16(c))                                      |           | 48                                   | minus         | 20 = .                                      | A                | 1     | x \$ =             | +==-                   | 7                            |                            | <del>                                     </del> |  |
| INE                                                                                                                                                                                                                                                                                                                                                                                                | EPENDENT CLA<br>CFR 1.16(b))                                    | IMS       | 2 minus 3 = •                        |               |                                             | -                | 1     | x s =              |                        | OR                           | x \$=                      |                                                  |  |
| MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))                                                                                                                                                                                                                                                                                                                                                  |                                                                 |           |                                      |               |                                             |                  |       | +s =               |                        | OR                           | +s =                       | <del>                                     </del> |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2.                                                                                                                                                                                                                                                                                                                          |                                                                 |           |                                      |               |                                             |                  |       | TOTAL              | 1                      | OR                           | TOTAL                      |                                                  |  |
| CLAIMS AS AMENDED - PART II                                                                                                                                                                                                                                                                                                                                                                        |                                                                 |           |                                      |               |                                             |                  |       |                    |                        |                              |                            |                                                  |  |
| 4                                                                                                                                                                                                                                                                                                                                                                                                  | (Column 1) (Column 2) (Column 3)                                |           |                                      |               |                                             |                  |       | SMALL ENTITY       |                        | OR                           | OTHER THAN<br>SMALL ENTITY |                                                  |  |
| AMENDMENT A                                                                                                                                                                                                                                                                                                                                                                                        |                                                                 | RE        | LAIMS<br>MAINING<br>AFTER<br>ENDMENT |               | HIGHEST<br>NUMBER<br>PREVIOUSL<br>PAID FOR  | PRESENT<br>EXTRA |       | RATE               | ADDI-<br>TIONAL<br>FEE |                              | RATE                       | ADDI-<br>TIONAL<br>FEE                           |  |
|                                                                                                                                                                                                                                                                                                                                                                                                    | Total<br>(37 CFR 1.16(c))                                       |           | 36                                   | Minus         | " 48                                        | " (              |       | x \$ =             |                        | OR                           | x \$_ =                    | 722                                              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                    | Independent<br>(37 CFR 1.16(b))                                 |           | <u>ڪ</u>                             | Minus         | <b>"</b> 3                                  | = -              |       | x \$=              |                        | OR                           | X \$ =                     |                                                  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                    | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) |           |                                      |               |                                             |                  |       | +\$=               |                        | OR                           | +s =                       |                                                  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                 |           |                                      |               |                                             |                  |       | TOTAL<br>ADD'L FEE |                        | OR                           | TOTAL<br>ADD'L FEE         |                                                  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                 | (Col      | umn 1)                               |               | (Column 2)                                  | ) (Column 3)     |       |                    |                        |                              | •                          |                                                  |  |
| AMENDMENT B                                                                                                                                                                                                                                                                                                                                                                                        |                                                                 | REM       | AIMS<br>IAINING<br>FTER<br>NDMENT    |               | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |       | RATE               | ADDI-<br>TIONAL<br>FEE |                              | RATE                       | ADDI-<br>TIONAL<br>FEE                           |  |
|                                                                                                                                                                                                                                                                                                                                                                                                    | Total<br>(37 CFR 1.16(c))                                       | •         |                                      | Minus         | ••                                          | =                |       | x \$ =             |                        | OR                           | x \$ =                     |                                                  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                    | Independent<br>(37 CFR 1.16(b))                                 | •         |                                      | Minus         | ***                                         | =                |       | x \$=              |                        | OR                           | x \$ =                     |                                                  |  |
| ¥                                                                                                                                                                                                                                                                                                                                                                                                  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) |           |                                      |               |                                             |                  |       | + \$=              |                        | OR                           | +\$ =                      |                                                  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                 |           |                                      |               |                                             |                  | _     | TOTAL<br>ADD'L FEE |                        | OR                           | TOTAL<br>ADD'L FEE         |                                                  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                    | •                                                               | (Colu     | ımn 1)                               |               | (Column 2)                                  | (Column 3)       |       |                    |                        |                              |                            |                                                  |  |
| AMENDMENT C                                                                                                                                                                                                                                                                                                                                                                                        |                                                                 | REM<br>AF | AIMS<br>AINING<br>TER<br>IDMENT      |               | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |       | RATE               | ADDI-<br>TIONAL<br>FEE |                              | RÁTE                       | ADDI-<br>TIONAL<br>FEE                           |  |
|                                                                                                                                                                                                                                                                                                                                                                                                    | Total<br>(37 CFR 1.16(c))                                       | •         |                                      | Minus         | ••                                          | =                |       | x <b>s</b> =       |                        | · OR                         | x \$=                      |                                                  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                    | Independent<br>(37 CFR 1.16(b))                                 | •         |                                      | Minus         | ***                                         | =                |       | x <b>\$</b> =      |                        | OR                           | x \$=                      |                                                  |  |
| ₹                                                                                                                                                                                                                                                                                                                                                                                                  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) |           |                                      |               |                                             |                  |       | + \$=              |                        | OR                           | + \$=                      |                                                  |  |
| TOTAL TOTAL ADD'L FEE OR ADD'L FEE                                                                                                                                                                                                                                                                                                                                                                 |                                                                 |           |                                      |               |                                             |                  |       |                    |                        |                              |                            |                                                  |  |
| If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".  If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |                                                                 |           |                                      |               |                                             |                  |       |                    |                        |                              |                            |                                                  |  |

This collection of Information is required by 37 CFR 1.16. The Information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.